



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT application of:

Applicants: Kevin E. Myszka
Serial No: 10/685,833
Filed: October 14, 2003
Title: Media Storage Container With Letters Split Between Base and Lid Walls
Art Unit:
Examiner:
Docket No. 1795008US2AP

SUBMISSION OF POWER OF ATTORNEY BY ASSIGNEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing in connection with the above-captioned application is a Power of Attorney by Assignee.

Respectfully submitted,

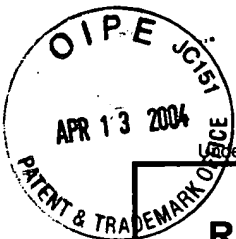
Don W. Bulson, Reg. No. 28,192
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CERTIFICATE OF MAILING

I hereby certify that this correspondence (along with any paper referenced to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Jennifer A. Moore



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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

Application Number	10/685,833
Filing Date	10/14/2003
First Named Inventor	Myszka, Kevin E.
Art Unit	
Examiner Name	
Attorney Docket Number	1795008US2AP

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

23908

☐ Please change the correspondence address for the above-identified application to:☐ The address associated
with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Don W. Bulson			
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Paul Guth, Vice President of Operations		
Signature			
Date	3/21/09	Telephone	330-896-3050

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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